

**COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO**

Plaintiff/Petitioner		Case No. _____	
		File No. _____	
v./and			
		Judge _____	
Defendant/Petitioner		Magistrate _____	

**Instructions:** Check local court rules to determine when this form must be filed.  
List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

**NOTICE OF SCHEDULING CONFERENCE  
A HEARING WILL BE HELD ON**

The \_\_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_\_.M. before Magistrate/Judge \_\_\_\_\_,  
Room \_\_\_\_\_, Domestic Relations Court, 800 Broadway, Cincinnati 45202-1332.

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If the Court finds that the issues to be decided are limited, and in the event that Defendant fails to answer or appear for the scheduling conference, the Court may make all such final orders including all parenting orders, child support, spousal support, attorney fees and costs, and a division of property as are necessary and appropriate to the resolution of this matter on the above date and time.

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**AFFIDAVIT OF PROPERTY**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**I. REAL ESTATE INTERESTS**

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1. _____	\$ _____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____
2. _____	\$ _____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____

**TOTAL SECTION I: REAL ESTATE INTERESTS**    \$ \_\_\_\_\_

## II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>A. Vehicles and Other Certificate of Title Property</b>	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)		
1. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
5. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
6. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
<b>B. Financial Accounts</b>	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)		
1. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>C. Pensions &amp; Retirement plans</b>	(Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)		
1. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<b>D. Publicly Held Stocks, Bonds, Securities &amp; Mutual Funds</b>			
1. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
<b>E. Closely Held Stocks &amp; Other Business Interests and Name of Company</b>	(Type of ownership and number)		
1. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2. _____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

**F. Life Insurance Type  
(Term/Whole Life)**

(Any cash value or loans)

(Insured party  
& value upon death)

1.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>
2.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>
3.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>
4.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>

CategoryDescriptionWho Has  
PossessionValue/Date of Value**G. Furniture &  
Appliances**(Estimate value of those in your  
possession, and value of those in your  
spouse's possession)

1.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>
2.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>
3.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>
4.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>

**H. Safe Deposit Box**

(Give location and describe contents)

Titled To

1.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>
2.	<hr/>	<hr/>	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ <hr/>

**I. Transfer of Assets**

**Explanation:** List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.	_____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.	_____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
3.	_____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
4.	_____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

CategoryDescription

(Also list who has possession)

Titled ToValue/Date of Value**J. All Other Assets Not Listed Above**

**Explanation:** List any item you have not listed above that is considered an asset.

1.	_____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____
2.	_____	_____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____

**TOTAL SECTION II: OTHER ASSETS** \$ \_\_\_\_\_

**III. SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances**

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

**TOTAL SECTION III: SEPARATE PROPERTY CLAIMS** \$ \_\_\_\_\_

#### IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

Type	Name of Creditor/Purpose of Debt	Account Name	Name(s) on Account	Total Debt Due	Monthly Payment
<b>A. Secured Debt (Mortgages, Car, etc.)</b>					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
5.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

<b>B. Unsecured Debt, including credit cards</b>					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____
5.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$ _____	\$ _____

**TOTAL SECTION IV: DEBT** \$ \_\_\_\_\_

## V. BANKRUPTCY

Filed by:

- ☐ Your Name  
☐ Spouse's Name  
☐ Both

Date of Filing:  
Case\_Number

Date of Discharge  
or Relief from Stay

Type of Case  
(Ch. 7, 11, 12, 13)

Current Monthly  
Payments

1. ☐ Your Name  
☐ Spouse's Name \_\_\_\_\_  
☐ Both \_\_\_\_\_
2. ☐ Your Name  
☐ Spouse's Name \_\_\_\_\_  
☐ Both \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL SECTION V: BANKRUPTCY** \$ \_\_\_\_\_

## OATH

(Do Not Sign Until Notary is Present)

I, (print name) \_\_\_\_\_ swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_